SECURE RURAL SCHOOLS AND COMMUNITY SELF-DETERMINATION ACT OF 2000 PUBLIC LAW 106-393 TITLE III PROJECT SUBMISSION FORM

Date:	1. Project Number (Assigned by County Official):			
2. Project Name:				
3. County:	4. State:			
5. Project Sponsor:				
6. Sponsor's Phone #:	7. Sponsor's E-mail:			
8. Project Location (attach project area map if applicable)				
a. National Forest / District (if applicable)				
b. Other Lands involved?				
9. Project Type (Sec. 302)				
Search, Rescue and Emergency Services Community Service Work Easement Purchases	☐ Forest Related Educational Opportunities ☐ Fire Prevention and County Planning ☐ Community Forestry			
10. Statement of Project Goals and Objectives: (max.5 lines)				
11 Duiof Duciact Descriptions (may 15 lines)				
11. Brief Project Description: (max. 15 lines.)				
12. Measure of Project Accomplishments/Expected Outcomes				
a. Total Acres:	d. Est. People Reached:			
b. Total Miles:	e. # Laborer Days:			
c. # Structures:	tures: f. Other (specify):			
13. Estimated Start Date:	Estimated Completion Date:			

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14. Readiness to proceed: Are needed permits, environmental clearances, signed agreements, volunteers, etc. in place? Yes No (If No, Explain)						
15. Applicant's qualifications and past track record (describe). (max.5 lines)						
16. Monitoring Plan: What measures or evaluations will be made to determine how well the proposed project meets the desired objectives? (max. 5 lines)						
17. Anticipated Project Costs: Total Project Cost This Request: \$						
a Total County Title III Funds Requested Now: \$						
h. Is this a multi-vear funding request? □Yes □ No. If ves. then display by fiscal year						
c. FY02 Request:		f FY05 Request:				
d FY03 Request:		σ FY06 Request·				
e FY04 Request:						
Project Budget Detail						
Item	Title III Request	Applicant Contribution	Other Contributions	Total Amounts		
Personnel	\$	\$	\$	\$		
Fringe Benefits	\$	\$	\$	\$		
Travel	\$	\$	\$	\$		
Equipment	\$	\$	\$	\$		
Supplies	\$	\$	\$	\$		
Contractual	\$	\$	\$	\$		
Construction	\$	\$	\$	\$		
Other—	\$	\$	\$	\$		
Other—	\$	\$	\$	\$		

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Total Cost Estimate

Total Direct Charges

Indirect Charges (agency overhead)

Identify source(s) of contributed funding for project identified above and state if cash or in-kind. (max. 4 lines)
18. Is the project coordinated with a Title II project or other federally funded project? If yes, please explain:
19. How does the project improve cooperative relationships among people that use federal lands and federal management agencies? (max 5 lines)
20. How does the project benefit the community? (max 5 lines)

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PROJECT WORK PLAN

 ${\bf 21.\,List\,\,the\,\,tasks\,\,and\,\,time\,\,frame.\,\,Name\,\,individual(s),\,consultant(s),\,organization(s)\,\,responsible.}$

<u>Tasks</u>	<u>Time Frame</u> —Dates	Responsible Party/Name

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